# FORM D

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

JUN 18 2008

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

| 1438              | 199       |
|-------------------|-----------|
| OMB APPR          |           |
| OMB Number:       | 3235-0076 |
| Expires:          |           |
| Estimated averag  | je burden |
| hours per respons | se 16.00  |
| SEC USE O         | NLY       |

DATE RECEIVED

| Twasnington, DAIFORM L | IMITED OFFERING | EXEMPTION |
|------------------------|-----------------|-----------|
|------------------------|-----------------|-----------|

| Name of Offering (Check if this is an amendment and name has changed, and indicate change.)   | ,  |
|---|--|
| Membership Interests  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  | ULOE   |
| Type of Filing:   | A (BATT) MALES AND AND AND AND   |
| A. BASIC IDENTIFICATION DATA  |  |
| 1. Enter the information requested about the issuer   |  |
|   | 08051323   |
| Name of Issuer (  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)   | Telephone Number (including Area Code)   |
| 851 N San Mateo Drive, Suite H-2, San Mateo, CA 94401   | 650-641-3595   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)   |
| Brief Description of Business   |  |
| To develop equity investment opportunities  | UYPROCESSED  |
| Type of Business Organization    corporation   limited partnership, already formed   other (p   business trust   limited partnership, to be formed   limited liability  | please specify): JUN 2 0 2008  |
| Month Year Actual or Estimated Date of Incorporation or Organization: 013 018 7 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  |  |
| GENERAL INSTRUCTIONS  |  |
| Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.   |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.  |  |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:  | 549.   |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.  | y signed. Any copies not manually signed must be   |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplement be filed with the SEC.   |  |
| Filing Fee: There is no federal filing fee.   |  |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | ecurities Administrator in each state where sales<br>the exemption, a fee in the proper amount shall<br>The Appendix to the notice constitutes a part of |
| this notice and must be completed.  ATTENTION   | · · · · · · · · · · · · · · · · · · ·  |
| Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.  | cemption. Conversely, failure to file the  |

|  |                    | A. BASIC IDE                          | NTIFICATION DATA            |                     |   |
|--|--------------------|---------------------------------------|-----------------------------|---------------------|---|
| 2. Enter the information reque                             | sted for the fol   | lowing:                               |                             |                     |   |
| • Each promoter of the                                     | issuer, if the iss | suer has been organized w             | ithin the past five years;  | •                   |   |
| Each beneficial owner                                      | having the pow     | er to vote or dispose, or dir         | ect the vote or disposition | of, 10% or more of  | a class of equity securities of the issuer. |
| Each executive officer                                     | and director of    | f corporate issuers and of            | corporate general and mar   | naging partners of  | partnership issuers; and                    |
| Each general and man                                       |                    |                                       |                             |                     |   |
|  | <del></del>        |                                       | C Committee Offices         | Diseases            | General and/or                              |
| Check Box(es) that Apply:                                  | Promoter           | Beneficial Owner                      | Executive Officer           | Director            | Managing Partner                            |
| Full Name (Last name first, if in Kim, Henry               | dividual)          |                                       |                             |                     |   |
| Business or Residence Address<br>851 N San Mateo Drive, Su |                    |                                       | de)                         | · · · · · ·         |   |
| Check Box(es) that Apply:                                  | Promoter           | Beneficial Owner                      | Executive Officer           | Director            | General and/or Managing Partner             |
| Full Name (Last name first, if in<br>Lenhard, Mark         | dividual)          |                                       | ·                           |                     |   |
| Business or Residence Address                              | (Number and        | Street, City, State, Zip Co           | de)                         |                     |   |
| 851 N San Mateo Drive, Suit                                | e H-2, San M       | ateo, CA 94401                        |                             |                     |   |
| Check Box(es) that Apply:                                  | Promoter ·         | Beneficial Owner                      | Executive Officer           | Director            | General and/or Managing Partner             |
| Full Name (Last name first, if in                          | dividual)          | · · · · · · · · · · · · · · · · · · · | <u> </u>                    | · ·                 |   |
|  |                    |                                       |                             |                     |   |
| Business or Residence Address                              | (Number and        | Street, City, State, Zip Co           | de)                         |                     |   |
| Check Box(es) that Apply:                                  | Promoter           | Beneficial Owner                      | Executive Officer           | Director            | General and/or Managing Partner             |
| Full Name (Last name first, if in                          | dividual)          |                                       |                             |                     |   |
| Business or Residence Address                              | (Number and        | Street, City, State, Zip Co           | de)                         |                     |   |
| Check Box(es) that Apply:                                  | Promoter -         | Beneficial Owner                      | Executive Officer           | Director            | General and/or Managing Partner             |
| Full Name (Last name first, if in                          | dividual)          | ·                                     |                             | ,                   |   |
| Business or Residence Address                              | (Number and        | Street, City, State, Zip Co           | de)                         |                     |   |
| Check Box(es) that Apply:                                  | Promoter           | Beneficial Owner                      | Executive Officer           | Director            | General and/or Managing Partner             |
| Full Name (Last name first, if in                          | dividual)          | <u> </u>                              |                             |                     |   |
| Business or Residence Address                              | (Number and        | Street, City, State, Zip Co           | de)                         |                     | •   |
| Check Box(cs) that Apply:                                  | Promoter           | Beneficial Owner                      | Executive Officer           | Director            | General and/or Managing Partner             |
| Full Name (Last name first, if in                          | dividual)          |                                       |                             |                     |   |
| Business or Residence Address                              | (Number and        | Street, City, State, Zip Co           | de)                         |                     |   |
|  | (Use blai          | nk sheet, or copy and use             | additional copies of this s | heet, as necessary) |   |

|      |   |                      |                      |                      | B. I?                | NFORMAT                               | ION ABOU                                | T OFFERI                                | NG                                      |                      |                      |                      |                      |
|------|---|----------------------|----------------------|----------------------|----------------------|---------------------------------------|---|---|---|----------------------|----------------------|----------------------|----------------------|
| 1.   | Has the   | issuer solo          | d, or does th        | he issuer i          | ntend to se          | ll, to non-a                          | ccredited i                             | nvestors ir                             | this offer                              | ing?                 |                      | Yes                  | No<br>🔀              |
|      |   |                      |                      |                      | wer also in          |                                       |   | _                                       |   |                      |                      | s 10,                | 000.00               |
| 2.   | What is the minimum investment that will be accepted from any individual?   |                      |                      |                      |                      |                                       |   |   |   |                      |                      |                      | <u> </u>             |
| 3.   |   |                      |                      |                      |                      |                                       |   |   |   |                      |                      |                      | No                   |
| 4.   | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                      |                      |                      |                                       |   |   |   |                      |                      |                      |                      |
| Ful  | l Name (  | Last name            | first, if indi       | ividual)             |                      |                                       |   |   |   |                      | ·                    |                      |                      |
| Bus  | siness or   | Residence            | Address (N           | lumber and           | d Street; Ci         | ty, State, Z                          | Zip Code)                               |   |   |                      |                      |                      | ,                    |
| Nai  | me of As  | sociated Bi          | oker or De           | aler                 | _                    | · · · · · · · · · · · · · · · · · · · |   |   |   |                      |                      |                      | -                    |
| Sta  | tes in Wi   | nich Person          | Listed Has           | s Solicited          | or Intends           | to Solicit                            | Purchasers                              |   |   |                      | •                    |                      |                      |
|      | (Check  | "All States          | s" or check          | individual           | l_States)            | ,                                     |   |   | *************************************** | ••••••               | •••••                | ☐ Al                 | l States             |
|      | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT                  | ME<br>NY<br>VT                          | MD<br>NC<br>VA                          | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful  | 1 Name (  | Last name            | first, if indi       | ividual)             |                      |                                       | · - · · · · · · · · · · · · · · · · · · |   |   |                      |                      |                      |                      |
| Bus  | siness, or  | Residence            | Address (?           | Number an            | d Street, C          | ity, State,                           | Zip Code)                               |   |   |                      | · ,                  |                      |                      |
| Nai  | me of As  | sociated Br          | oker or De           | aler                 |                      | ···                                   |   |   |   |                      |                      |                      |                      |
| Sta  |   |                      | Listed Has           |                      |                      |                                       |   |   |   |                      |                      |                      | <del></del>          |
|      | (Check  | "All States          | or check             | individual           | l States)            |                                       |   |   |   | ·                    | ••••••               | □ Al                 | l States             |
|      | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT                  | ME<br>NY<br>VT                          | DE<br>MD<br>NC<br>VA                    | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Ful  | l Name (  | Last name            | first, if indi       | ividual)             |                      |                                       |   |   |   |                      |                      |                      |                      |
| Bus  | siness or   | Residence            | Address (1           | √umber an            | d Street, C          | ity, State,                           | Zip Code)                               |   |   |                      |                      |                      |                      |
| Nar  | me of As:   | sociated Br          | oker or De           | aler                 |                      |                                       |   |   | · -· -                                  |                      |                      |                      | <del></del>          |
| Stat | tes in Wh   | nich Person          | Listed Has           | Solicited            | or Intends           | to Solicit                            | Purchasers                              | <del>.</del>                            |   |                      |                      |                      |                      |
|      | (Check  | "All States          | or check             | individual           | States)              |                                       |   | *************************************** | ••••••••••••••••••••••••••••••••••••••  |                      |                      | ☐ Al                 | States               |
|      | AL<br>IL<br>MT  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT                  | CT<br>ME<br>NY<br>VT                    | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  | Aggragato                   | Amount Already             |
|----|--|-----------------------------|----------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Sold                       |
|    | Debt   | s                           | \$                         |
|    | Equity   | \$                          | _ \$                       |
|    | ☐ Common ☐ Preferred   |                             |                            |
|    | Convertible Securities (including warrants)  | <u> </u>                    | _ \$                       |
|    | Partnership Interests  | <b>\$</b>                   | <u> </u>                   |
|    | Other (Specify LLC Membership Int  | 510,000.00                  |                            |
|    | Total  | \$ 510,000.00               | \$_510,000.00              |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate                  |
|    |  | Number<br>Investors         | Dollar Amount of Purchases |
|    | Accredited Investors   | 15                          | \$ 510,000.00              |
|    | Non-accredited Investors   | 0                           | \$ <u>0.00</u>             |
|    | Total (for filings under Rule 504 only)  |                             | \$                         |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                            |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold      |
|    | Rule 505   |                             | \$                         |
|    | Regulation A   |                             | \$                         |
|    | Rule 504   |                             | \$                         |
|    | Total  |                             | \$_0.00                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees  |                             | ] \$                       |
|    | Printing and Engraving Costs   |                             | ) \$                       |
|    | Legal Fees   |                             | \$ 15,000.00               |
|    | Accounting Fees  |                             | ] \$                       |
|    | Engineering Fees   |                             | ] \$                       |
|    | Sales Commissions (specify finders' fees separately)   |                             | ] \$ <u>.</u>              |
|    | Other Expenses (identify)  |                             | ] \$                       |
|    | Total  | _                           | \$ 15,000.00               |

| and total expenses furnished in response to                        | regate offering price given in response to Part C — Quo Part C — Question 4.a. This difference is the "adjustion"  | ted gross  | \$   |
|--|--|--|--|
| each of the purposes shown. If the amo                             | ed gross proceed to the issuer used or proposed to be bount for any purpose is not known, furnish an esting the total of the payments listed must equal the adjust nse to Part C — Question 4.b above. | nate and   |  |
|  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                            |
| Salaries and fees  |  | S  | D \$   |
| Purchase of real estate  |  | \$   | _ 🗆 \$   |
| Purchase, rental or leasing and installat                          | ion of machinery   | \$   | _ []\$   |
| Construction or leasing of plant building                          | gs and facilities  |  | _ 🗆 \$   |
| offering that may be used in exchange issuer pursuant to a merger) |  |  |  |
| • •  |  |  | _  |
|  | · · · · · · · · · · · · · · · · · · ·  |  |  |
|  |  |  | _ 🗆 \$   |
|  |  | <br>\$   | _ 🗆 \$   |
| Column Totals  |  |  |  |
| Total Payments Listed (column totals a                             | dded)  |  | 495,000.00                                       |
|  | D. FEDERAL SIGNATURE   |  |  |
| nature constitutes an undertaking by the is                        | gned by the undersigned duly authorized person. If the ssuer to furnish to the U.S. Securities and Exchange may non-accredited investor pursuant to paragraph (  | Commission, upon writ                                  | Rule 505, the following ten request of its staff |
| suer (Print or Type)   | Signature  | Date   |  |
| lack Moutain Equity LLC  |  | June 13, 2008  |  |
| ame of Signer (Print or Type)                                      | Title of Signer (Print or Type)  |  |  |
| rk Lenhard   | Managing Member  | •  |  |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|    | E. STATE SIGNATURE   |     |                |
|----|--|-----|----------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No<br><b>K</b> |
|    |  |     |                |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)   | Signature             | Date          |
|--------------------------|-----------------------|---------------|
| Black Moutain Equity LLC | 12                    | June 13, 2008 |
| Name (Print or Type)     | Title (Print or Type) |               |
| Mark Lenhard .           | Managing Member .     |               |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX 5 3 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sellexplanation of Type of investor and to non-accredited offering price waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors Amount Yes No Investors No. Amount State Yes AL $\mathsf{AK}$ AZAR \$0.00 X CA Membership \$120,000.00 0 CO Membership \$0.00 CT X 1 \$30,000.00 X \$270,000.00 0 × 7 \$0.00 DE Membership DC FL GA HI ID IL IN lÀ KS KYLA ME MD \$60,000.00 \$0.00 MA Membership ΜI MN MS

## APPENDIX 2 .\* 5 3 1 Disqualification Type of security under State ULOE (if yes, attach and aggregate Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes Nο MO MT NE NV Membership -1 \$30,000.00 NH \$0.00 X NJ NM NY NC ND ОН OK OR PΑ RI SC SD TN TXUT VT VA WA WV WI

|       |                      | ,  |  | APP                                  | ENDIX  |  |        |     | <del></del>  |  |
|-------|----------------------|--|--|--------------------------------------|--|--|--------|-----|--|--|
| . 1   |                      | 2  | 3  |                                      | 4  |  |        |     |  |  |
|       | to non-a<br>investor | l to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     | lification<br>ate ULOE<br>attach<br>ation of<br>granted) |  |
| State | Yes                  | No   |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No   |  |
| WY    |                      |  |  |                                      |  | ,  |        |     |  |  |
| PR    |                      |  |  |                                      |  |  |        |     |  |  |

